

APPLICATION FORM 610 FOR AMATEUR OPERATOR/PRIMARY STATION LICENSE

Approved by OMB
3060-0003
See instructions for
public burden.

SECTION 1 - TO BE COMPLETED BY APPLICANT (See instructions)

1. Print or type last name		Suffix	First name	Middle initial	2. Date of birth ____ - ____ - ____ month day year	
3. Mailing address (Number and street)				3A. Internet Address		
City				State Code	ZIP Code	
4. I HEREBY APPLY FOR (make an X in the appropriate box(es)):						
4A. <input type="checkbox"/> EXAMINATION for a new license			4D. <input type="checkbox"/> CHANGE my mailing address on my license to my new address in Item 3			
4B. <input type="checkbox"/> EXAMINATION for upgrade of my operator license class			4E. <input type="checkbox"/> CHANGE my station call sign systematically (See instructions) Applicant's Initials _____			
4C. <input type="checkbox"/> CHANGE my name on my license to my new name in Item 1. My former name was: _____ (Last name) (Suffix) (First name) (MI)			4F. <input type="checkbox"/> RENEWAL of my license			
5. Unless you are requesting a new license, attach the original or a photocopy of your license to the back of this Form 610 and complete Items 5A and 5B.			5A. Call sign shown on license		5B. Operator class shown on license	
6. If you have filed another Form 610 that we have not acted upon, complete Items 6A and 6B.		6A. Purpose of other form			6B. Date filed ____ - ____ - ____ month day year	
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT, (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(A)(1)) AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).						
I certify that: * all statements and attachments are true, complete, and correct to the best of my knowledge and belief and are made in good faith; * I am not a representative of a foreign government; * I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise; * the station to be licensed will be inaccessible to unauthorized persons; * the construction of the station would NOT be an action which is likely to have a significant environmental effect (see the Commission's Rules 47 C.F.R. Sections 1.1301-1.1319 and Section 97.13(a);						
7. Signature of applicant (Do not print, type, or stamp. Must match name in Item 1.) X _____ () Daytime Telephone Number _____					8. Date signed ____ - ____ - ____ month day year	

SECTION 2 - TO BE COMPLETED BY ALL ADMINISTERING VEs

A. Applicant is qualified for operator license class: <input type="checkbox"/> NOVICE (Elements 1(A), 1(B), or 1(C) and 2) <input type="checkbox"/> TECHNICIAN (Elements 2 and 3(A)) <input type="checkbox"/> TECHNICIAN PLUS (Elements 1(A), 1(B), or 1(C), 2 and 3(A)) <input type="checkbox"/> GENERAL (Elements 1(B) or 1(C), 2, 3(A) and 3(B)) <input type="checkbox"/> ADVANCED (Elements 1(B) or 1(C), 2, 3(A), 3(B) and 4(A)) <input type="checkbox"/> AMATEUR EXTRA (Elements 1(C), 2, 3(A), 3(B), 4(A) and 4(B))			B. VEC receipt date: _____	
C. Name of Volunteer-Examiner Coordinator (VEC): _____				
D. Date of VEC coordinated examination session: _____		E. Examination session location: _____		
I CERTIFY THAT I HAVE COMPLIED WITH THE ADMINISTERING VE REQUIREMENTS IN PART 97 OF THE COMMISSION'S RULES AND WITH THE INSTRUCTIONS PROVIDED BY THE COORDINATING VEC AND THE FCC				
1st VEs name (Print First, MI, Last, Suffix)		VEs station call sign	VEs signature (must match name)	Date signed
2nd VEs name (Print First, MI, Last, Suffix)		VEs station call sign	VEs signature (must match name)	Date signed
3rd VEs name (Print First, MI, Last, Suffix)		VEs station call sign	VEs signature (must match name)	Date signed

ATTACH ORIGINAL OR A PHOTOCOPY OF YOUR LICENSE HERE:

SECTION 3 - TO BE COMPLETED BY PHYSICIAN

**PHYSICIAN'S CERTIFICATION
OF DISABILITY**

Please see notice below

Print, type, or stamp physician's name: _____

Street address: _____

City, State, ZIP code: _____

Office telephone number: () _____

I CERTIFY THAT I have read the Notice to Physician Certifying to a Disability, and that the person named in Item 1 on the reverse is severely handicapped, the duration of which will extend for more than 365 days beyond this date. Because of this severe handicap, this person is unable to pass a 13 or 20 words per minute telegraphy examination. I am licensed to practice in the United States or its Territories as a doctor of medicine (M.D.) or doctor of osteopathy (D.O.). I have considered the accommodations that could be made for this person's disability and have determined that, even with accommodations, this person would be unable to pass a 13 or 20 words per minute telegraphy examination.

WILLFUL FALSE STATEMENT IS PUNISHABLE BY FINE AND IMPRISONMENT (U.S. CODE TITLE 18, SECTION 1001)

PATIENT'S RELEASE

→ _____
PHYSICIAN'S SIGNATURE (DO NOT PRINT, TYPE, OR STAMP)

M.D. or D.O.

DATE SIGNED

Authorization is hereby given to the physician named above, who participated in my care, to release to the Federal Communications Commission any medical information deemed necessary to process my application for an amateur operator/primary station license.

→ _____
APPLICANT'S SIGNATURE (DO NOT PRINT, TYPE, OR STAMP)

DATE SIGNED

NOTICE TO PHYSICIAN CERTIFYING TO A DISABILITY

You are being asked by a person who has already passed a 5 words per minute telegraphy examination to certify that, because of a severe handicap, he/she is unable to pass a 13 or 20 words per minute telegraphy examination. If you sign the certification, the person will be exempt from the examination. Before you sign the certification, please consider the following:

THE REASON FOR THE EXAMINATION - Telegraphy is a method of electrical communication that the Amateur Radio Service community strongly desires to preserve. We support their objective by authorizing additional operating privileges to amateur operators who increase their skill to 13 and 20 words per minute. Normally, to attain these levels of skill, intense practice is required. Annually, thousands of amateur operators prove by passing examinations that they have acquired the skill. These examinations are prepared and administered by amateur operators in the local community who volunteer their time and effort.

THE EXAMINATION PROCEDURE - The volunteer examiners (VEs) send a short message in the Morse code. The examinee must decipher a series of audible dots and dashes into 43 different alphabetic, numeric and punctuation characters used in the message. To pass, the examinee must correctly answer questions about the content of the message. Usually, a fill-in-the-blanks format is used. With your certification, they will give the person credit for passing the examination, even though they do not administer it.

MUST A PERSON WITH A HANDICAP SEEK EXEMPTION?

No handicapped person is required to request exemption from the higher speed telegraphy examinations, nor is anyone denied the opportunity to take the examinations because of a handicap. There is available to all otherwise qualified persons, handicapped or not, the Technician Class operator license that does not require passing a telegraphy examination. Because of international regulations, however, any handicapped applicant requesting exemption from the 13 or 20 words per minute examination must have passed the 5 words per minute examination.

ACCOMMODATING A HANDICAPPED PERSON - Many handicapped persons accept and benefit from the personal challenge of passing the examination in spite of their hardships. For handicapped persons without an exemption who have difficulty in proving that they can decipher messages sent in the Morse code, the VEs make exceptionally accommodative arrangements. They will adjust the tone in frequency and volume to suit the examinee. They will administer the examination at a place convenient and comfortable to the examinee, even at bedside. For a deaf person, they will send the dots and dashes to a vibrating surface or flashing light. They will write the examinee's dictation. Where warranted, they will pause in sending the message after each sentence, each phrase, each word, or each character to allow the examinee additional time to absorb and interpret what was sent. They will even allow the examinee to send the message, rather than receive it.

YOUR DECISION - The VEs rely upon you to make the necessary medical determination for them using your professional judgement. You are being asked to decide if the person's handicap is so severe that he/she cannot pass the examination even when the VEs employ their accommodative procedures. The impairment, moreover, will last more than one year. This procedure is not intended to exempt a person who simply wants to avoid expending the effort necessary to acquire greater skill in telegraphy. The person requesting that you sign the certification will give you names and addresses of VEs and other amateur operators in your community who can provide you with more information on this matter.

DETAILED INSTRUCTIONS - If you decide to execute the certification, you should complete and sign the Physician's Certification of Disability on the person's FCC Form 610. You must be an M.D. or D.O. licensed to practice in the United States or its Territories. The person must sign a release permitting disclosure to the FCC of the medical information pertaining to the disability.

INSTRUCTIONS FOR APPLICATION FORM 610 FOR AMATEUR OPERATOR/PRIMARY STATION LICENSE

(Do Not Return Instructions With Application Form)

GENERAL INSTRUCTIONS

- Use the attached FCC Form 610 to request:
 1. An examination for a new amateur operator/primary station license or for modification of your license to a higher operator class.
 2. A modification of your name or mailing address as it appears on your license, or a systematic assignment of a different call sign.
 3. A renewal of your license if it is unexpired or if it expired within the two year grace period.
- Do NOT use the attached FCC Form 610 to request:
 1. A Reciprocal Permit for Alien Amateur Licensee. Use FCC Form 610-A.
 2. A renewal or modification of a club, military recreation, or RACES station license. Use FCC Form 610-B.
 3. A vanity call sign. Use FCC Form 610-V.
- ANTENNA HEIGHT: Effective July 1, 1996, the Commission adopted rules which require Antenna Structure owners to apply for a registration number on revised FCC Form 854 whenever proposed construction or alteration to existing antenna structures meets FAA notification criteria. Generally, these are antenna structures that are higher than 60.96 meters (200 feet) above ground level or interfere with the flight path of a nearby airport (refer to FCC Rules, Section 97.15). Additionally, owners of existing antenna structures which previously required FAA notification and were cleared by the FCC prior to July 1, 1996, must register before June 30, 1998 in accordance with filing windows prescribed by state. As these structures are registered,

owners are required to provide licensees with a copy of FCC Form 854R and are required to display the Registration Number near the base of the antenna structure. The revised FCC Form 854 may be obtained by calling 1-800-418-FORM (3676).

- If you have not received a response from us within 90 days, write to Federal Communications Commission, 1270 Fairfield Road, Gettysburg, PA 17325-7245. Include a photocopy of your completed FCC Form 610, or the following information:
 1. Your name, address, and date of birth;
 2. Your station call sign and operator class;
 3. The date that you filed FCC Form 610;
 4. The purpose of the FCC Form 610 you filed;
 5. The name of the coordinating VEC;
 6. The location of the test site (city and state) and the date of the examination.
- Every amateur operator should have a current copy of the amateur service rules, Part 97, which may be obtained from private publishers, vendors, or you may order 47 CFR, Part 80 to End from the U. S. Government Printing Office, Washington, DC 20402, phone (202) 512-1800.
- Detach your completed FCC Form 610 from these instructions. Make a photocopy of it for your records. File your completed FCC Form 610 with the VEs if you have marked Box 4A or 4B on the application. If you have marked box(es) 4C through 4F, mail FCC Form 610 WITHOUT A FEE to:

FEDERAL COMMUNICATIONS COMMISSION
1270 FAIRFIELD ROAD
GETTYSBURG PA 17325-7245

INSTRUCTIONS TO EXAMINEE

- A. Your examination will be administered at a location and time specified by your administering VEs. You must comply with their instructions. The VEs will observe you throughout the examination. They are responsible for the proper conduct and necessary supervision of the examination. They must immediately terminate the examination if you fail to comply with their instructions.
- B. If you hold an unexpired license, or if you hold a license that expired less than two years before the date of the examination session, attach a photocopy of it, or the original, to the application.
- C. Give your completed FCC Form 610 to your administering VEs. Show your VEs at least two documents that prove your identity. Show your VEs any of the following documents for which you are claiming element credit:
 1. Original document of your unexpired (or expired within the grace period) amateur operator/primary station license;
 2. Certificate(s) of Successful Completion of Examination, if issued to you within 365 days of this examination session;
 3. Photocopy of FCC Form 610 that was filed indicating that you qualified for a Novice Class operator license within 365 days of this examination session;
 4. Original document of your unexpired (or expired less than five years prior to this examination session) FCC Commercial Radiotelegraph Operator's Certificate.

INSTRUCTIONS TO PERSONS WITH SEVERE HANDICAPS

- A. If you have passed the 5 words per minute telegraphy examination, but you are unable to pass the 13 or 20 words per minute examination because of a severe handicap that will extend for more than 365 days, the administering VEs will give you credit for passing the 20 words per minute examination if you obtain a Physician's Certification of Disability. You should, however, first attempt to pass the examination under the special accommodative procedures the VEs use for handicapped examinees.
- B. Detailed Instructions:
 1. Complete Items 1 through 8 on FCC Form 610.
 2. Present your physician with your completed FCC Form 610 and the Notice to Physician Certifying to a Disability.
 3. Provide the physician with the names and addresses of your administering VEs and other amateur operators in your community who can provide more information on this matter.
 4. Ask your physician to complete and sign the Physician's Certification of Disability in Section 3 of FCC Form 610.
 5. Sign and date the Patient's Release in Section 3 of FCC Form 610.
 6. Follow Instructions to Examinee.

INSTRUCTIONS FOR COMPLETING APPLICATION FORM 610

ITEM 1 – Print (or type) your last name and any suffix (Jr., Sr., II, etc.), first name, and middle initial. The name you enter in Item 1 must agree with your signature in Item 8. It must also agree with the name on your existing license unless you request a change in Box 4C.

ITEM 2 – Print numbers for the month, day, and year of your birth. Example: If you were born on September 20, 1944, enter 09-20-44.

ITEM 3 – Print your mailing address. It must be an address where you can receive mail delivered by the United States Postal Service. (Mail delivery may not be available in certain territories.) Print your two-letter state/territory code from the table.

ITEM 3A - Print an Internet Address, if available, where you can receive information from the FCC regarding your application.

Alabama	AL	New Hampshire	NH
Alaska	AK	New Jersey	NJ
Arizona	AZ	New Mexico	NM
Arkansas	AR	New York	NY
California	CA	North Carolina	NC
Colorado	CO	North Dakota	ND
Connecticut	CT	Ohio	OH
Delaware	DE	Oklahoma	OK
District of Columbia	DC	Oregon	OR
Florida	FL	Pennsylvania	PA
Georgia	GA	Rhode Island	RI
Hawaii	HI	South Carolina	SC
Idaho	ID	South Dakota	SD
Illinois	IL	Tennessee	TN
Indiana	IN	Texas	TX
Iowa	IA	Utah	UT
Kansas	KS	Vermont	VT
Kentucky	KY	Virginia	VA
Louisiana	LA	Washington	WA
Maine	ME	West Virginia	WV
Maryland	MD	Wisconsin	WI
Massachusetts	MA	Wyoming	WY
Michigan	MI	American Samoa	AS
Minnesota	MN	Guam	GU
Mississippi	MS	Northern Mariana Is	MP
Missouri	MO	Puerto Rico	PR
Montana	MT	Virgin Islands	VI
Nebraska	NE		
Nevada	NV		

ITEM 4 – Place an "X" in the proper box to apply for:

BOX 4A An EXAMINATION for a new amateur operator/primary station license. See Instructions to Examinee on reverse. You are eligible for an examination for a new license if you do not have one or if your license has expired beyond the two year grace period.

BOX 4B An EXAMINATION to upgrade your license to a higher class. See Instructions to Examinee on reverse.

BOX 4C CHANGE your name as it appears on your license to your new name in Item 1. Print your former name where indicated.

BOX 4D CHANGE your mailing address as it appears on your license to your new address in Item 3.

BOX 4E CHANGE your station call sign. See Fact Sheet PR-5000, Number 206-S, Amateur Station Sequential Call Sign System, latest date of issue, for information on how the call sign will be systematically assigned. After the call sign change is made, your previous call sign cannot be reinstated. **Initial in the space provided.**

BOX 4F RENEWAL of your unexpired license or RENEWAL of your license if it expired within the grace period. The expiration date must be within the two year grace period. Application must be received by the Commission's Gettysburg office prior to the end of the grace period.

ITEM 5 – If your license document was lost or destroyed, attach to your FCC Form 610 a sheet of paper containing your explanation.

ITEM 5A – Print the call sign shown on your license.

ITEM 5B – Print the operator class shown on your license.

ITEM 6 – If you have filed another Form 610 that we have not acted upon, give the purpose of the other form in Box 6A and print the month, day, and year it was filed in Box 6B.

ITEM 7 – Sign your name. Your signature must agree with your name as printed in Item 1. Provide a telephone number where you can be reached during normal daytime business hours.

ITEM 8 – Print the month, day, and year that you sign your application.

NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT OF 1974 AND THE PAPERWORK REDUCTION ACT OF 1995

The solicitation of personal information requested in this form is authorized by Section 308(b) of the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of this application is in the public interest. In reaching that decision, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency (for example, cases of falsified applications). In addition, all information provided in this form, with the exception of medical information and birthdate, will be available for public inspection. If information requested on the form is not provided, processing of the application may be delayed or the application may be returned without action pursuant to Commission rules. Completing and submitting this form to the FCC is necessary to obtain a license. The foregoing notice is required by the Privacy Act of 1974, Public Law 93-579, December 31, 1974, 5 U.S.C. Section 552a(e)(3) and the Paperwork Reduction Act of 1995, Public Law 104-13, October 1, 1995, 44 U.S.C. 3507.

Public reporting burden for this collection of information is estimated to average twenty minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the Federal Communications Commission, Records Management Branch, AMD-IM, Washington, DC 20554, Paperwork Reduction Project (3060-0003) or via the Internet to dconway@fcc.gov. **DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS. Individuals are not required to respond to a collection of information unless it displays a currently valid OMB control number.**